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CONFIRMATION NO. 3890

|   |  |                               |   |   |
|---|--|-------------------------------|---|---|
| <b>SERIAL NUMBER</b><br>09/998,004  | <b>FILING OR 371(c) DATE</b><br>11/28/2001<br><b>RULE</b>  | <b>CLASS</b><br>606           | <b>GROUP ART UNIT</b><br>3734   | <b>ATTORNEY DOCKET NO.</b><br>017516-002580US |
| <b>APPLICANTS</b><br>Christopher A. Julian, Los Gatos, CA;<br>Michael Ikeda, San Jose, CA;<br>Andris D. Ramans, Mountain View, CA;<br>Dean F. Hoornaert, Mountain View, CA;<br>Margaret M. Isaac, Redwood City, CA;                         |  |                               |   |   |
| <b>** CONTINUING DATA *****</b><br>This appln claims benefit of 60/253,484 11/28/2000 and claims benefit of 60/285,641 04/19/2001 and claims benefit of 60/290,556 05/10/2001 and is a CIP of 09/436,524 11/09/1999 PAT 6,398,726 <i>mm</i> |  |                               |   |   |
| <b>** FOREIGN APPLICATIONS *****</b><br><div style="text-align: center;"><i>NONE</i></div>  |  |                               |   |   |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b><br>** 12/17/2001   |  |                               |   |   |
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met<br>Verified and Acknowledged  | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Examiner's Signature <i>mm</i> Initials | <b>STATE OR COUNTRY</b><br>CA | <b>SHEETS DRAWING</b><br>45   | <b>TOTAL CLAIMS</b><br>102                    |
| <b>INDEPENDENT CLAIMS</b><br>12   |  |                               |   |   |
| <b>ADDRESS</b><br>51947   |  |                               |   |   |
| <b>TITLE</b><br>Endoscopic beating-heart stabilizer and vessel occlusion fastener   |  |                               |   |   |
| <b>FILING FEE RECEIVED</b><br>2116  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following:  |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |   |